FORM D

SEC Mail Processing

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

MAR - 4 2008

NOTICE OF SALE OF SECURITIES

WASHINGTON, DC PURSUANT TO RECEIVANT UNIFORM LIMITED OFFERING EXEMPTION

1979186
OMB APPROVAL
OMB Number: 3235-007
Expires: April 30,2008 Estimated average burden
Estimated average burden
hours per response16.0

SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								
1								

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	-200F00Ff
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: Amendment	ULOE PROCESSFT
A. BASIC IDENTIFICATION DATA	4//
Enter the information requested about the issuer	THOMSON
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) The Estate Vault, Inc.	FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code) 1110 East Bonnaville Avenue Las Vegas, NV 89101	Telephone Number (Including Area Code) (902) 412-1944
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Document storage and retrieval	
Type of Business Organization corporation	olease specify):
Month Year Actual or Estimated Date of Incorporation or Organization: 0 8 9 3 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; PN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77di61.

When To File: A notice must be filled no later than 15 days after the first sale of securities in the offering. A notice is deemed filled with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

· — · · · · · · · · · · · · · · · · · ·		A. BASIC II	DENTIFICATION DATA		
2. Enter the information	n requested for the	following:			
		issuer has been organized			
• Each beneficial	owner baving the p	nower to vote or dispose, or a	direct the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
Each executive	officer and directo	er of corporate issuers and o	of corporate general and ma	naging partners of	partnership issuers; and
 Each general ar 	id managing partie	er of partnership issuers.			
			Executive Officer	Director	General and/or
Check Box(cs) that Apply	r Promote	r 🔲 Beneficial Owner	Executive Officer		Managing Partner
Full Name (Last name fin Sousanna Boyd	st, if individual)				
Business or Residence Ad 1110 East Bonneville		and Street, City, State, Zip (, NV 89101	Code)		
Check Box(cs) that Apply	r Promote	r Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fire	st, if individual)				
Deutsch Edward	-				
	idress (Number a	and Street, City, State, Zip	Code)		
1110 East Bonneville	•		- -		
Check Box(es) that Apply			Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir Turner David	st, if individual)				
Business or Residence Ad	dress (Number a	and Street, City, State, Zip	Code)		
1110 East Bonneville	Ave. Las Vegas,	NV 89101			
Check Box(es) that Apply	: Promote	r Beneficial Owns	T Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir	st, if individual)				
Business or Residence Ad	idress (Number :	and Street, City, Stare, Zip	Code)		
Check Box(es) that Apply	y: Promate	er Beneficial Owne	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir	st, if individual)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Business or Residence A	idress (Number a	and Street, City, State, Zip	Code)		
Check Box(es) that Apply	y: Promate	r Beneficial Owne	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir	st, if individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Ar	idress (Number s	and Street, City, State, Zip	Code)		
Check Bux(es) that Apply	r: Promote	er Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name for	st, if individual)				
Business or Residence Ar	idress (Number	and Succes, City, State, Zip	Code)		
	(Use	blank sheet, or conv and u	se additional copies of this	sheet as necessary)

2 of 9

					B. In	FORMATI	ON ABOU	r offeri	чG				
1.	Answer also in Appendix, Column 2, if filing under ULOE.										Yes	No E	
2.	2. What is the minimum investment that will be accepted from any individual:										Yes	No	
3.			permit join(
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (Last name	first, if indi	vidual)	-								
Bus	siness or	Residence	Addross (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Naz	me of Ass	sociated Br	oker or De	ıler									
Sta			Listed Has									7.	
	(Check	"All States	" or check	individual	States)	######################################				44-1-111444	********	AII	States
	AL IL MT RI	AK TN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
	•		first, if ind		19.		2: 6-1)						
Bu	siness or	Residence	Address (1	Yumber an	a Street, C	ity, State, 2	cip Coasi						
Na	me of As	sociated Br	roker or De	aler									
Sta			Listed Has										
	(Check	"All States	s" or chuck	indlvidual	States)		***************************************	***************					l States
	AL TL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NI IX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	MI OH WY	GA MNI OK WI	MS OR WY	ID MO PA PR
Ful	li Name (Last name	first, if ind	ividual)				·		-			
Bu	siness or	Residence	Address (1	Yumber an	d Street, C	ity. State,	Zip Code)			<u> </u>	····		
Na	me of As	sociated Br	ruker or De	eler				-					
Sta	tes in W	ich Person	Listed Has	Solicit ed	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or chick	individual	States)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**1				☐ All	l States
	AL IL MT	AK IN NE SC	AZ LA NV SD	AR KS NH TN	CA KY NI TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
l,	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, the this box and indicate in the columns below the amounts of the securities offered for exchange at already exchanged.	:k	
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	S 0.00	00.0
	Equity	··	\$ 0.00
		5	3
	☑ Common ☐ Preferred	c 0.00	0.00 \$
	Convertible Securities (including warrants)		\$ 0.00
	Partnership Interests		\$ 0.00
	Other (Specify)	- 1 000 000 00	5 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.	5 1,000,000.00	\$ 0.00
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicathe number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		s_0.00
	Non-accredited Investors		s_0.00
	Total (for filings under Rule 504 only)	1	s_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question I	he	
	Type of Offering	Type of Security	Dollar Amoun Sold
	Rule 505	ູ 0	\$ 0.00
	Regulation A		\$ 0.00
	Rule 504		\$ 0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	ır.	•
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		\$ 15,000.00
	Accounting Fees	2	\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)	_	\$ 0.00
	Total		S 15,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross 985,000.00 proceeds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Payments to Directors, & Affiliates Others **₽** \$ 0.00 \$ 0.00 S 0.00 F 5 0 Purchase of real estate..... Purchase, rental or leasing and installation of machinery and equipment ______ S_0.00 0.00 **≥** \$_0.00 0.00 **S** Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another **₽**\$ 0.00 PIS 0.00 issuer pursuant to a merger) \$ 0.00 S_0.00 Repayment of indebtedness **₽**S_0.00 785,000.00 Working capital Other (specify): Sales and Marketing 200,000.00 0.00 **№** \$_ 985,000.00 Column Tetals **№** \$_985,000.00 Total Payments Listed (column totals added) D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following

signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff. the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

	· · · · · · · · · · · · · · · · · · ·	
Issuer (Print or Type)	Signature	Date
The Estate Vault, Inc.		1-62 52108
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Boyd Sousanna	CEO	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No Ø

See Appendix, Column 5, for state response.

- 2. The undersigned issues hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Tssucr (Print or Typc) The Estate Vault, Inc.	Signature	Date [08]
Name (Print or Type)	Title (Print or Type)	
Boyd Sousanna	CEO	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	<u></u>	 -		AP	PENDIX				
1	Intend to non-a investor	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL							·		
AK	<u>- · · · · · · · · · · · · · · · · · · ·</u>								
AZ									
AR									
CA									
со	· · · · · ·								
СТ							,		
DE		<u> </u>						1	<u> </u>
DC				<u></u>					
FL									
GA									
н									
ΤD									
几			•						
IN									
ĪA							·_ · ·		<u> </u>
KS									
KY									
LA									<u></u>
ME									, .
MD						_			
MA								:	
MI									
MN		×	Common		\$1,000,000.	0	\$0.00		×
MS									

				APP	ENDIX				
1	Intend to non-a investor	i to sell accredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо								<u> </u>	
МТ									
NE									
NV			:				_		
NH									
NJ									
NM									
NY								1.	
NC									-
ND									
он			·						1
OK			, 						T
OR				<u></u>					
PA									
RI									
sc									
SD									Γ
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									

				APP	ENDIX				
1	Intend to non-a	i to sell accredited is in State	Type of security and aggregate offering price offered in state		amount pu	4 Finvestor and orchased in State		under St (if yes, explan waiver	lification ate ULOE , attach ation of granted)
State	(Part B	No	(Part C-Item 1)	Number of Accredited Investors	(Part	C-Item 2) Number of Nun-Accredited lavestors	Amount	Yes	No
WY									
PR									

